

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ANTHONY C. Woods

COURT CASE NUMBER 12

05-812 (SLR)

DEFENDANT

Suz Schappell

TYPE OF PROCESS

OK

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Suz Schappell, Correctional Medical Service

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

12647 Olive Boulevard St. Louis, MO 63141

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ANTHONY C. Woods

Sussex Correctional Inst. P.O. Box 500

Georgetown, DE 19947

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

"PAUPER CASE"

Signature of Attorney or other Originator requesting service on behalf of:

Anthony C. Woods

 PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

11-22-05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No. \_\_\_\_\_District to Serve  
No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

BF

3-1-06

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

FILED

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

MAY - 2 2006

Date of Service Time am  
5/1/06 pmU.S. DISTRICT COURT  
DISTRICT OF DELAWARE

Signature of U.S. Marshal or Deputy

BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

No longer @ DOC - CMS will not accept  
for individuals. Let unexecuted